October 2015

Dear Gene K. Balzar (Editor-in-Chief, The Monitor),

As the national body representing IONM practitioners in Canada, the Canadian Association of Neurophysiological Monitoring (CANM) would like to address the use of a recent article published in the Canadian Journal of Surgery by Norton et al. in ASNM Monitor editorials to address issues in the United States related to IONM interpretation (Vogel, 2015; Porter 2015). Upon examination of this paper there is reason to question the statistical merits of the survey results as the response rates are unknown. Furthermore, the wording of the survey questions highlights potential investigator bias which has been addressed by Wilkinson and Kaufmann in a letter to the Editor of the Can J Surg (in press).

In the abstract, Dr. Norton states “There appears to be a shortage of qualified personnel and a lack of Canadian guidelines on the performance of the task”, and, “there is a lack of personnel in Canada with the appropriate training and expertise to interpret intraoperative neuromonitoring data“. However, neither the survey nor the discussion provides any support for these statements.

The reality in Canada is very different than that in the United States due to our very different health care models. In Canada, any “shortage” of IONM personnel is directly related to the unwillingness of hospitals to hire more staff because they are government funded and under pressure to keep costs down. Furthermore, the paucity of billing codes for IONM in Canada means that hospitals receive no reimbursement for offering IONM services. Accordingly, there is no rush to move untrained IONM personnel into the operating room because IONM is not revenue driven. The silver lining is that this provides time for training. Starting in 2014, CANM in concert with the Michener Institute for Applied Health Sciences initiated an education and internship program leading to a national examination and certification (see www.canm.ca) to ensure quality of the IONM practitioner. This program is open to those with a minimum bachelor’s degree in a health science related discipline (including MDs and PhDs). In contrast to the oversight system proposed in the United States, CANM believes best patient care occurs when there is a highly qualified and trained person performing IONM in the OR who interprets and communicates IONM findings to the surgeons in a timely manner, and who participates in recommendations for intervention allowing for optimal patient surgical safety. In reality, this is what happens most of the time in Canada right now. Although we are still on the learning curve, it is worth noting that CANM has raised the bar by striving to make IONM practitioners in the operating room second to none. As of September 2015, there were approximately 70 people in Canada performing IONM at 31 centers, all of which are major teaching hospitals. Being a small group of dedicated IONM practitioners allows us to focus on excellence unencumbered by political or financial gain.

Sincerely,

David Houlden, PhD (Founding President) 
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References


2. Vogel, R. The Economics of IONM Expertise: When Supply Falls Short of Demand. ASNM Monitor, June 2015